

Admissions Data Collection Form

1. PUPIL PERSONAL INFORMATION

LEGAL SURNAME		PREFERRED SURNAME	
LEGAL FORENAME		PREFERRED FORENAME	
MIDDLE NAME(S)		GENDER	Male / Female
DATE OF BIRTH:	___/___/___	IS YOUR CHILD BAPTISED	YES/NO
HOME ADDRESS including post code			
ANY SIBLINGS AT THIS SCHOOL?	YES/NO	IF YES, NAME OF SIBLINGS:	

2. PARENT INFORMATION (Please indicate at which address the pupil normally resides using the tick box)

MOTHER / MAIN CARER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY	Yes / No		
HOME ADDRESS including post code	* <input type="checkbox"/>				
TELEPHONE NUMBERS	HOME:		WORK:		
	MOBILE:				
E-MAIL ADDRESS					

FATHER / SECOND CARER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY	Yes / No		
HOME ADDRESS including post code	* <input type="checkbox"/>				
TELEPHONE NUMBERS	HOME:		WORK:		
	MOBILE:				
E-MAIL ADDRESS					

If there is any other person who can be deemed a 'parent' (eg. step parent, or parent's partner) please provide their details below, indicating if they have 'parental responsibility', continue on a separate sheet if necessary.

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		RELATIONSHIP TO CHILD		PARENTAL RESPONSIBILITY	Yes / No
HOME ADDRESS including post code	* <input type="checkbox"/>				
TELEPHONE NUMBERS	HOME:		WORK:		
	MOBILE:				

3. **ADDITIONAL CONTACT INFORMATION – IN PRIORITY ORDER** Attach an extra sheet if necessary.

Please provide below **ANY** other names of people who can be contacted by school in emergency.

TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD					
TITLE		FORENAME		SURNAME	
HOME:		WORK:		MOBILE:	
RELATIONSHIP TO CHILD					

4. **DIETARY AND MEDICAL INFORMATION** (please circle where appropriate)

IS YOUR CHILD ELIGIBLE FOR FREE SCHOOL MEALS?	YES / NO	HAS YOUR CHILD EVER BEEN ON FREE SCHOOL MEALS?	YES / NO
ANY SPECIAL DIETARY REQUIREMENTS?		NAME OF DOCTOR:	
MEDICAL CONDITIONS:		NAME AND ADDRESS OF PRACTICE:	

5. **ETHNIC/CULTURAL**

ETHNICITY:		CHILD'S FIRST LANGUAGE:	
RELIGION:		HOME LANGUAGE:	

6. **ADDITIONAL INFORMATION** (please circle where appropriate)

PRIMARY SCHOOL/PREVIOUS SCHOOL/S:		
HAS YOUR CHILD EVER BEEN IN CARE OF LOCAL AUTHORITY?		YES / NO
PARENT IN ARMED FORCES?	YES / NO	IS YOUR CHILD ADOPTED?
DO YOU CONSIDER YOUR CHILD TO HAVE SPECIAL EDUCATIONAL NEEDS?		YES / NO
If YES, PLEASE PROVIDE DETAILS:		
DO YOU GIVE PERMISSION FOR YOUR CHILD'S PHOTOGRAPH TO BE USED IN SCHOOL PUBLICATIONS INCLUDING WEBSITE AND LOCAL PRESS?		YES / NO

Signature _____ Date _____

Name (please print) _____ Relationship to child: _____

PLEASE NOTE ANY PERSONAL INFORMATION MAY BE SHARED IN ACCORDANCE WITH DATA PROTECTION LAW
Please be aware that by signing and returning this form, you are acknowledging that you accept our Home School Partnership Agreement. Details of the Home School Partnership Agreement are covered in the next pages.